

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	L T		12-8-99
O.I.P.E. CLASSIFIER		48	12/15/99
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		65703	12-37-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
1	1	✓	✓	✓	✓	✓	✓			
2	2	✓								
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Claim	Date									
Final	Original	1	2	3	4	5	6	7	8	9
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If more than 150 claims or 10 actions  
staple additional sheet here